



**EARNED INCOME TAX CREDIT SCHEDULE**

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2000, your gross income on Line 16, Form NJ-1040EZ is \$20,000 or less and your filing status for New Jersey is the same as your filing status on your Federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "No" to question 1 below. See instructions.

1. Did you file a 2000 Federal Schedule EIC, on which you listed at least one "qualifying child"? ☐ Yes ☒ No

2. Fill in oval if you had the IRS figure your Federal Earned Income Credit ☐

3. Enter amount of Federal Earned Income Credit from your 2000 Federal Form 1040 or 1040A  ,

4. Enter 10% of amount on Line 3 here and on Page 1, Line 28

**GOVERNMENTAL ELECTIONS FUND** (If you fill in the Yes oval(s) it will not increase your tax or reduce your refund)

Do you wish to designate \$1 of your taxes for this fund? ☐ Yes ☒ No  
If joint return, does your spouse wish to designate \$1? ☐ Yes ☒ No

**DEDUCTIONS FROM OVERPAYMENT**

1. Credit to your 2001 tax	<input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>	<input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>
2. The N.J. Endangered Wildlife Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>
3. N.J. Children's Trust Fund to Prevent Child Abuse	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>
4. The N.J. Vietnam Veteran's Memorial Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>
5. N.J. Breast Cancer Research Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>
6. U.S.S. New Jersey Educational Museum Fund	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>
7. Other Designated Contribution	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<input type="text" value="0"/> <input type="text" value="X"/> <input type="text" value="X"/>
8. Total Deductions From Overpayment. Add Lines 1 through 7. Enter here and on Page 1, Line 32	<input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>	<input type="text" value="X"/> <input type="text" value="X"/> <input type="text" value="X"/>

**HOMESTEAD REBATE APPLICATION**

1. Enter the GROSS INCOME you reported on Line 16, Form NJ-1040EZ     ,

2. Enter your New Jersey address on December 31, 2000 if different from address on Page 1.

Street Address \_\_\_\_\_ Municipality \_\_\_\_\_

3. Fill in your residency status during 2000 ☒ HOMEOWNER ☐ TENANT

4. If you indicated "Homeowner" on Line 3, enter the block and lot number of the residence for which the rebate is claimed.

Block

Lot           Qualifier

5. If homeowner, enter the total 2000 property taxes you (and your spouse) paid on your principal residence in New Jersey during 2000     ,

6. If tenant, enter the total rent you (and your spouse) paid on your principal residence in New Jersey during 2000     ,

Division Use

1

2

3

4

5

6

7

Under penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.



Your Signature

Date



Spouse's Signature (if filing jointly, BOTH must sign)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) ☐ If you do not need forms mailed to you next year, fill in ☐

Paid Preparer's Signature

Federal Identification Number

Firm's Name

Federal Employer Identification Number

Pay amount on line 30 in full. Write social security number on check or money order and make payable to:

STATE OF NEW JERSEY-TGI

Mail your check or money order with your NJ-1040EZ-V payment voucher and your return to:

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 641  
Trenton, NJ 08646-0641

**IF REFUND:**

State of New Jersey  
Division of Taxation  
Revenue Processing Center  
PO Box 640  
Trenton, NJ 08646-0640